



Missouri Department of Conservation  
**Application for Resident Cable Restraint Permit**

**COMPLETE THIS BOX. PLEASE PRINT**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Conservation # \_\_\_\_\_ County \_\_\_\_\_  
 (The number on your Trapping Permit above your name).

**Training information:**

Location of training course: \_\_\_\_\_  
 Date course was taken : \_\_\_\_\_

\_\_\_\_\_ **Resident Cable Restraint Permit** (Code 950).....\$25.00

To attempt to take or take by cable restraint device only and to possess, transport and sell furbearers. ***This permit may be issued only to the holder of a Resident Trapping Permit*** who has successfully completed a cable restraint training course, validated by a certified instructor.

\_\_\_\_\_ Check here if you do not already have a **current** Resident Trapping Permit & include an additional \$10.00

Total .....\$ \_\_\_\_\_

Missouri's Sunshine Law requires that permit buyers' names and addresses are public records unless you specifically request that your information be closed.

- Check here if you **do not** wish to have your information made available as part of the public record.

Signature constitutes acceptance of all rules pertaining to requested permit(s) according to the Wildlife Code of Missouri.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SEND COMPLETED APPLICATION WITH CHECK, CREDIT CARD PAYMENT (see back) OR MONEY ORDER TO:**

- Approved
- Disapproved

Instructor: \_\_\_\_\_  
 Date: \_\_\_\_\_

DO NOT WRITE IN THIS SPACE  
 (For office use ONLY)

Missouri Department of Conservation  
 Attn: Commercial Permits  
 P.O. Box 180  
 Jefferson City, MO 65102-0180

**ALL PERMITS EXPIRE JUNE 30**

08/05

**This application is not a permit and does not entitle applicant to operate.**

## Payment Method

Total Amount Due \$ \_\_\_\_\_

- Check Enclosed (make check payable to *Missouri Conservation Department*)

**Check One:**    • Visa                      • MasterCard

Charge my credit card number \_\_\_\_\_

3 Digit Security Code number \_\_\_\_\_ (this number is located on the back of your card)

Expiration Date \_\_\_\_\_ Phone # \_\_\_\_\_

(*required* on all credit card orders)

Signature \_\_\_\_\_

Credit card holder agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Mail application to:    **Missouri Department of Conservation**  
                                 **ATTN: Commercial Permits**  
                                 **PO Box 180**  
                                 **Jefferson City, MO 65102-0180**

**This application is not a permit and does not entitle applicant to operate.**